



PLEASE RETURN TO:
TOM MARVER
P.E.D. 13TH FLOOR
25 WEST FOURTH STREET
SAINT PAUL, MINNESOTA 55102
Phone: (651) 266.6610 FAX: (651) 228.3261

Name: _____

Home Address: _____

Street: _____

City: _____ Zip: _____

Telephone Number(s):

(Include Area Codes) (H) _____ (W) _____

Planning District Council: _____ City Council Ward: _____

Preferred Mailing Address: _____

What is your occupation? _____

Place of Employment: _____

Committee(s) Applied For: _____

What skills, training or experience do you possess for the committee(s) for which you seek appointment?

The information included in this application is considered private data according to the Minnesota Government Data Practices Act. As a result, this information is not released to the general public.

PERSONAL REFERENCES [Reminder to Include Telephone Area Codes]

Name: _____

Address: _____

Phone: (Home) _____ (Work) _____

Name: _____

Address: _____

Phone: (Home) _____ (Work) _____

Name: _____

Address: _____

Phone: (Home) _____ (Work) _____

Reasons for your interest in this particular committee: _____

Have you had previous contact with the committee for which you are making application? If so, when, and the circumstances?

In an attempt to ensure that committee representation reflects the makeup of our community, please check the line applicable to you. This information is strictly voluntary.

_____ **White (Caucasian)**

_____ **Black (African American)**

_____ **American Indian or Alaskan Eskimo**

_____ **Hispanic**

_____ **Asian or Pacific Islander**

Date of Birth: _____

Male _____ **Female** _____

Disabled: Yes _____ No _____

If special accommodations are needed, please specify: _____

How did you hear about this opening? _____